

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

DR. DAVID M. REILLY

Mailing Address 520 N. MAIN STREET

City

SOMERSET

State

KY

Zip Code

42501-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIFEPOINT HOSPITALS

Occupation

PHYSICIAN

Receipt For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Transaction ID : SA17.4204532

Date of Receipt

M M / D D / Y Y Y Y
11 / 02 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

70.00

B. Full Name (Last, First, Middle Initial)

MR. DAVID W. REILLY

Mailing Address 778 WINONA ROAD

City

CENTER HARBOR

State

NH

Zip Code

03226-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.3997695

Date of Receipt

M M / D D / Y Y Y Y
10 / 22 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

MR. EDWARD A. REILLY

Mailing Address 5 OLD FIELD PLACE

City

NORWALK

State

CT

Zip Code

06853-1116

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Transaction ID : SA17.3817634

Date of Receipt

M M / D D / Y Y Y Y
10 / 18 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....

370.00

Total This Period (last page this line number only).....